

SPECIALIZED TRAINING FOR SENIOR STAFF

DISTRICT TRAINING ATTENDANCE CERTIFICATION

Please complete this form, which must be signed by your immediate supervisor (*i.e.*, your District Director, Chief of Staff, or employing Member), verifying that you have watched the entire specialized ethics training video for senior staff. This form should be provided to your office's Ethics Certification Officer.

I, _____, certify that I have watched the entire specialized ethics training video for senior staff.

Date Watched

Employing Member

Office Address

Office Phone Number

Signature

Date

Supervisor

Date